

UTAH DEPARTMENT OF HEALTH
BUREAU OF LICENSING - CHILD CARE UNIT
P. O. Box 142003, Salt Lake City, UT 84114-2003

REQUEST FOR AGENCY ACTION/RESIDENTIAL CERTIFICATE APPLICATION

A. IDENTIFYING INFORMATION:

NAME _____ TELEPHONE # _____

CERTIFICATE HOLDER MAILING ADDRESS _____

RESIDENCE STREET ADDRESS _____

CITY AND ZIP _____

DATE OF REQUESTED ACTION: FROM _____ TO _____

B. ACTION REQUESTED: (Check (/) all that apply). Application is complete when copies of all items listed are submitted.

Initial Certificate 9 (Include \$50.00 fees and BCI application)

Annual Renewal 9 (Include \$50.00 fees, BCI Consent and Release of Liability form)

Change of Category 9 (Currently Licensed)

Change of Address 9

Change of Capacity 9

Change Name 9 (Previously known as _____)

C. TYPE OF FACILITY: (Check (/) appropriate boxes).

9 RESIDENTIAL IN - HOME (5-8 children) Residential Certificate approved capacity _____

***Please complete Household Members chart below:**

Names & DOB of Household Members:

Name	Date of Birth	Name	Date of Birth
1.		5.	
2.		6.	
3.		7.	
4.		8.	

(Over)

D. CRIMINAL IDENTIFICATION SCREENING

Utah Code 26-39-105.5 requires that each person shall submit to the department the name and other identifying information, which may include fingerprints, of existing, new, and proposed: providers of care; and volunteers; except parents of children enrolled in the programs. This information shall be used to screen the individuals for criminal history through the Bureau of Criminal Investigation (BCI) and Child Abuse Management Information System. Include the information for all persons 18 years and over residing in your home and any second care givers, if applicable.

E. CERTIFICATION OF UNDERSTANDING:

I _____, of the above named home, understand this request constitutes a Request of Agency Action as specified in Utah Code Ann. 63-46b(3) and serves as the formal document upon which a decision to issue a Letter of Certificate will be based. I agree to abide by the rules promulgated by the State of Utah for this category of child care and do hereby state that the information provided on this application is true to the best of my knowledge and belief.

I agree to allow authorized representatives of the Department of Health, upon presentation of proper identification, to enter my home at any reasonable time without a warrant and to review records and documents as necessary to ascertain compliance with State law and rules promulgated by the Department of Health.

Signature

Date